



April 22, 2024

Mr. Matt Thorpe  
NB-Village of Maybrook  
Village Hall  
Maybrook, NY 12543

Project Location: Prospect Line  
Project Number: Village of Maybrook Drinking Water  
Laboratory Work Order Number: 24D2352  
PWSID# 3503533

Enclosed are results of analyses for samples received by the laboratory on April 18, 2024. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "John M. Ryan".

Project Manager



315 Fullerton Avenue \* Newburgh, NY 12550 \* TEL. (845) 562-0890

NB-Village of Maybrook  
Village Hall  
Maybrook, NY 12543  
ATTN: Mr. Matt Thorpe

REPORT DATE: 4/22/2024

PURCHASE ORDER NUMBER:

PROJECT NUMBER: Village of Maybrook Drinking Water

**ANALYTICAL SUMMARY**

WORK ORDER NUMBER: 24D2352

The results of analyses performed on the following samples submitted to Pace Analytical Services, LLC - Newburgh are found in this report.

PROJECT LOCATION: Prospect Line

FIELD SAMPLE #	LAB ID:	MATRIX	SAMPLE DESCRIPTION	TEST	SUB LAB
Prospect Line	24D2352-01	Drinking Water		SM 20,21-23 9223B (-04) (Colilert)	

**CASE NARRATIVE SUMMARY**

All reported results are within defined laboratory quality control objectives unless listed below or otherwise qualified in this report.

The results of analyses reported only relate to samples submitted to the Pace Analytical Services, LLC - Newburgh for testing.

I certify that the analyses listed above, unless specifically listed as subcontracted, if any, were performed under my direction according to the approved methodologies listed in this document, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, the material contained in this report is, to the best of my knowledge and belief, accurate and complete.



Felicia Morgan-Nichols  
Project Manager



315 Fullerton Avenue \* Newburgh, NY 12550 \* TEL. (845) 562-0890

Project Location: Prospect Line

Sample Description:

Work Order: 24D2352

Date Received: 4/18/2024

Field Sample #: Prospect Line

Sampled: 4/18/2024 14:45

Sample ID: 24D2352-01

Sample Matrix: Drinking Water

Conventional Chemistry Parameters by EPA/PHA/SW-846 Methods (Total)

Analyte	Results	RL	MCL/SMCL		Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
			Units					Prepared	Analyzed	
Coliform, Total	Absent	1.0	1	present/absent	1	SM 20,21-23 9223B (-04) (Colilert)	4/18/24	4/18/24 16:10	VMA	
Escherichia Coli	Absent	1.0	1	present/absent	1	SM 20,21-23 9223B (-04) (Colilert)	4/18/24	4/18/24 16:10	VMA	

**FLAG/QUALIFIER SUMMARY**

*	QC result is outside of established limits.
†	Wide recovery limits established for difficult compound.
‡	Wide RPD limits established for difficult compound.
#	Data exceeded client recommended or regulatory level
ND	Not Detected
RL	Reporting Limit is at the level of quantitation (LOQ)
DL	Detection Limit is the lower limit of detection determined by the MDL study
MCL	Maximum Contaminant Level

Percent recoveries and relative percent differences (RPDs) are determined by the software using values in the calculation which have not been rounded.

No results have been blank subtracted unless specified in the case narrative section.

**CERTIFICATIONS**

**Certified Analyses included in this Report**

Analyte	Certifications
<i>SM 20,21-23 9223B (-04) (Colilert) in Drinking Water</i>	
Coliform, Total	NB-CT,NB-NJ,NB-NY
Escherichia Coli	NB-CT,NB-NJ,NB-NY

Pace Analytical Services, LCC operates under the following certifications and accreditations:

Code	Description	Number	Expires
NB-CT	Connecticut Department of Public Health	PH-0823	09/30/2024
NB-NJ	New Jersey DEP	NY015 NELAP	06/30/2024
NB-NY	New York State Department of Health	10142 NELAP	03/31/2025



**CHAIN OF CUSTODY**

Lab Name PAS - Newburgh  
 Lab Address 315 Fullerton Avenue, Newburgh, NY 12550  
 Field Office Address 312 Titusville Rd, Poughkeepsie, NY 12603  
 Phone (845) 562-0890  
 Field Office Phone (845) 229-6536  
 Field Office Phone (845) 733-1557

**CHAIN OF CUSTODY**

REPORT# (Lab Use Only)

2402352

CLIENT NAME	Village of Newburgh	PWS NUMBER	
CLIENT ADDRESS	118 Hudson Ln Newburgh, NY 12550	CLIENT (SITE) CONTACT	1056-3692
PROJECT LOCATION	Respect Line	P.O. NUMBER/PROJECT NUMBER	Not Traced
SAMPLE DATE	4/18/04	SAMPLE IDENTIFICATION	Respect Line
COMPOSITE (C) OR GRAB (G) INDICATE			
AQUEOUS (WATER)			
D (Drinking Water) or W (Waste Water) Indicate			
SOLID OR SEMISOLID			
Chlorine Residual			
MATRIX TYPE			
REQUIRED Containers			
Total # of Containers			
40mL Vials HCl			
Liter Amber HCl			
250 Amber Sulfuric			
Liter Amber Glass			
250 mL Plastic Nitric Acid			
250mL Plastic Sulfuric Acid			
Liter Plastic			
250mL Plastic			
250mL Plastic NaOH			
40mL Vials Sulfuric			
40 mL Glass Plain			
125 mL Sterile Na2S2O3			
125mL Sterile			
Other			
TURNAROUND TIME (Biz Days)			
NORMAL			
RUSH (Y/N)			
RUSH (# Biz Days)			
#OF COOLERS			
OTHER			
NON-TESTING CHARGES			
P/U			
GRAB			
COMP			
REPORTING			
Analysis Requested			
Total Collection Charges			
SAMPLED BY: (SIGNATURE)	COMPANY	DATE	TIME
RELINQUISHED BY: (SIGNATURE)	COMPANY	DATE	TIME
RELINQUISHED BY: (SIGNATURE)	COMPANY	DATE	TIME
RELINQUISHED BY: (SIGNATURE)	COMPANY	DATE	TIME
RECEIVED FOR PAS NEWBURGH BY: (SIGNATURE)	DATE	TIME	CUSTODY INTACT YES/NO
RECEIVED BY: (SIGNATURE)	COMPANY	DATE	TIME
RECEIVED BY: (SIGNATURE)	COMPANY	DATE	TIME
RECEIVED BY: (SIGNATURE)	COMPANY	DATE	TIME
RECEIVED BY: (SIGNATURE)	COMPANY	DATE	TIME
COOLER TEMP			
PAS NEWBURGH REMARKS:	ICE (Y/N) pH/Preservation Check		
PAYD (Y/N)	Payment Method		



Sample Condition Upon Receipt Form (SCUR)

Project # 24D2352  
 Client: V/O Maybrook

Date and Initials of person:  
 Examining contents: \_\_\_\_\_  
 Label: \_\_\_\_\_  
 Deliver to location: \_\_\_\_\_  
 pH: \_\_\_\_\_

Thermometer Used: IRG4 Date: 4/18 Time: 1506 Initials: \_\_\_\_\_

State of Origin: NY

Cooler #1 Temp. °C 11.2 (Visual) 0.2 @ 0.0°C -0.5 @ 20.0°C (Correction Factor) \_\_\_\_\_ (Actual)  Samples on ice, cooling process has begun

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other \_\_\_\_\_

Shipping Method:  First Overnight  Priority Overnight  Standard Overnight  Ground  
 Other \_\_\_\_\_

Tracking # \_\_\_\_\_

Custody Seal on Cooler/Box Present:  Yes  No Seals intact:  Yes  No Ice:  Blue  Melted  None

Packing Material:  Bubble Wrap  Bubble Bags  None  Other \_\_\_\_\_

Samples were collected by Pace employee  Yes  No  N/A

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sampler Name and Signature on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
All Containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, Metals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Additional Login Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Client notification/ Resolution

Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Comments/Resolution: \_\_\_\_\_

*\* NO sample time on COC/container*